

## PLACE OF BIRTH

1. County of Gila  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_  
 City of \_\_\_\_\_ No. \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 161  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Waphine Farley { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. ~~Twin, triplet or other~~ 5. No., in order of birth 7 6. Legitimate? yes 7. Date of birth Mich. 17-1925  
 Month Day Year

8. FATHER  
 Full name Littleton McMary Farley  
 9. Residence (Usual place of abode) Miami Ariz.  
 If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 39 (Years)

12. Birthplace (city or place) Piggott Ark.  
 (State or country)

13. Occupation  
 Nature of industry Carpenter

14. MOTHER  
 Full maiden name Rosa Alma Hardy  
 15. Residence (Usual place of abode) Miami Ariz.  
 If non-resident, give place and state.

16. Color or race Cauc. 17. Age at last birthday 34 (Years)

18. Birthplace (city or place) Hardy Ark.  
 (State or country)

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother { (a) Born alive and now living  
 (b) Born alive but now dead  
 (c) Stillborn  
 (Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum?

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 2:15 a.m. on the date above stated  
 (Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
 Signature Cyril M. Brown M.D. (Physician or midwife)  
 Address Miami, Arizona

Given name added from a supplemental report. Filed April 5, 1925 Edson D. Branton  
 Month, day, year Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

468-317-948